



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF NURSING**

TELEPHONE: (302) 744-4500  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**NURSING EMPLOYER REFERENCE FORM**

**INSTRUCTIONS**

ENTER YOUR APPLICATION ID: \_\_\_\_\_

**Application by Endorsement or Reinstatement**

When applying for nursing licensure by endorsement or reinstatement, arrange for the Board office to receive this form when any of the following situations apply:

- You have been employed *as the same type of nurse for which you are applying* for at least the past six months.
- You have **not** been employed *as the same type of nurse for which you are applying* for at least the past six months **but** you graduated from your nursing program within the past two years (24 months), complete the *Nursing School Reference Form*.
- You have **not** been employed for at least the past six months **and** you did **not** graduate from nursing school within the past two years **but** you were employed *as the same type of nurse for which you are applying* within the past five years.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

As an applicant for Nursing licensure in the State of Delaware, I hereby authorize release of reference information about my Nursing employment at the facility named below.

**APPLICANT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT INFORMATION – To be completed by applicant**

1. Type of Application: ☐ RN ☐ LPN ☐ APRN
2. Applicant Name: \_\_\_\_\_  
Last First Middle
3. Address: \_\_\_\_\_  
Street City State Zip
4. Social Security Number: \_\_\_\_\_
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
6. Employer Name: \_\_\_\_\_
7. Employer Address \_\_\_\_\_  
Street City State Zip

**REFERENCE – To be completed by the Nursing Employer**

8. Applicant is/was employed as an: LPN ☐ RN ☐ APRN ☐ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
9. Applicant is **currently** employed Yes ☐ No ☐ Average Number of Hours Worked Per Week: \_\_\_\_\_
10. Based on applicant's performance, would you recommend him or her for licensure? Yes ☐ No ☐ **If no, provide an explanation:** \_\_\_\_\_  
\_\_\_\_\_
11. Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_
12. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE. FAXED FORMS WILL NOT BE ACCEPTED.**